

**REQUEST FOR COURT APPOINTED LAWYER,
STATEMENT OF FINANCIAL STATUS,
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

Court: _____ Case No. _____

I hereby request that the Court appoint a lawyer to represent me because I cannot afford to hire a private attorney. I hereby authorize the court or its representative to have access to any of my financial information including employment status, income records, bank account records, and records of any debts in order to verify the information provided herein.

I.

A.	Full Name:	_____
B.	Current Address:	_____ _____
C.	Phone:	_____
D.	Date of Birth:	_____
E.	Social Security No.	_____

II.

I currently receive the following forms of public assistance.		
A.	Aid to Families With Dependent Children (AFDC)	Yes ___ No ___
B.	Emergency Aid to Elderly, Disabled & Children	Yes ___ No ___
C.	Poverty Related Veteran's Benefits	Yes ___ No ___
D.	Food Stamps	Yes ___ No ___
E.	Medicaid	Yes ___ No ___
F.	Supplemental Security Income	Yes ___ No ___
G.	Refugee Resettlement Benefits	Yes ___ No ___
H.	County General Assistance	Yes ___ No ___

If You Have Answered Yes to Any of the Above, Stop Here and Sign the Back of this Form. If You Answered No to All Questions, Go on to Section III.

III.

I work at _____.		I earn \$ _____ per _____ hr/wk/mo/yr
Number of Family Members		
A.	_1_	Self
B.	___	Write "1" if married and spouse lives with you.
C.	___	Write the number of your children that live with you.
D.	___	Total (add A, B & C)
___	If Line "D" is 1 and your annual income is \$9,863 or less, check here.	
___	If Line "D" is 2 and your annual income is \$13,263 or less, check here.	
___	If Line "D" is 3 and your annual income is \$16,663 or less, check here.	
___	If Line "D" is 4 or more and your annual income is \$20,063 or less, check here.	

If you have checked any of the above, stop here and sign the back of this form. Otherwise go on to Sections IV., V., & VI.

IV.

My monthly income is as follows:		
A.	Monthly Take Home Pay From My Job	\$ _____
B.	Interest and Dividends	\$ _____
C.	Rental Income	\$ _____
D.	Unemployment Comp. & Workers' Comp.	\$ _____
E.	Pensions, Annuities, Social Security	\$ _____
F.	Other Cash Payments	\$ _____
G.	Total of A Through F (Total Income)	\$ _____

V. My share of monthly basic living costs is as follows:

A.	Rent, House Payment, or Other Shelter Costs	\$	_____
B.	Utilities	\$	_____
C.	Food	\$	_____
D.	Clothing	\$	_____
E.	Health Care	\$	_____
F.	Transportation	\$	_____
G.	Education	\$	_____
H.	Child Support, Alimony, and Other Support	\$	_____
I.	Total of A Through H (Total Expenses)	\$	_____

VI. The value of my liquid assets is as follows:

A.	Cash, Savings, Bank Accounts	\$	_____
B.	Stocks, Bonds, Certificates of Deposit	\$	_____
C.	Real Estate (Assessed Value Less Mortgage Balance)	\$	_____
D.	Other Personal Property Reasonably Convertible to Cash	\$	_____
E.	Pensions, Deferred Compensation, IRAs	\$	_____
F.	Total Liquid Assets (Add Lines A,B,C, D)	\$	_____

STATE OF NEBRASKA)
)ss.
 COUNTY OF _____)

I swear or affirm, under penalty of perjury, that the information listed above is true and accurate.

 Your signature

Signed and sworn to before me on _____.

 Judge/Notary Public

Summary:

Total Income (from Line IV. G.)	\$	_____
Minus Total Expense (From Line V. J.)	\$	_____
= Disposable Net Monthly Income	\$	_____
Plus Liquid Assets (From Line VI. F.)	\$	_____
= Total	\$	_____
Minus Bail Obligations	\$	_____
Equals Available Funds	\$	_____